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ABSTRACT

Four therapist-client interview transcripts of one outpatient drawn from the files of a state mental health clinic are presented, with some narrative interpretation, to illustrate the need for foreign language skills in the psychological professions. The case is of Rosa, a non-English-speaking Hispanic woman referred by a Spanish-speaking social worker to a non-Spanish-speaking psychologist. Each session was conducted with a different interpreter: the woman's nephew, her husband, a professional translator, and an interpreter called to assist over the telephone in an emergency. A psychiatrist brought in to provide medication is also involved. The incidents indicate several related problems: the therapist's interview of the nephew instead of the woman, the woman's reluctance to speak freely with relatives present, the unreliability of information given to the therapist and to the woman by relatives, and the difficulty of interpreting over the telephone. When a Spanish-speaking psychiatrist on the hospital staff interviewed Rosa and continued caring for her, the situation improved. It is concluded that the lack of a Spanish-speaking professional to communicate directly with the woman resulted in unnecessary trauma, loss of time in solving the problem, and difficulty in addressing the problems directly, in addition to the problems created by a third party. (MSE)

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THE NEED FOR FOREIGN LANGUAGE IN THE PSYCHOLOGICAL PROFESSIONS

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

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It's 2:21 on a Thursday afternoon in Elgin, Illinois. On the edge of town is a complex of turn-of-the-century buildings that have recently been renamed the "Elgin Mental Health Center" but still known to Elgin residents as "The State Hospital."

About a fifteen minute bus ride in past the center of town is a little clinic that acts as a buffer zone for people on their way in or out of the hospital, as well as a place where ordinary folk with less severe problems can find help.

It's fall--early September. Inside the clinic this afternoon, one of the therapists is waiting for his 2:00 appointment, a first-time interview with a Puerto Rican woman recently moved to Illinois from New York. The client speaks no English. The therapist speaks no Spanish. Yet psychotherapy is the "talking cure." What happens when the partners cannot talk to each other?

In the next twenty minutes or so, we'll take a look at what did happen in this case. Excerpted below are the reports from the four clinic visits Rosa made prior to being hospitalized. Each session was conducted with a different interpreter. The first time was with Rosa's nephew, a young man about 23 or 24 years old. The second time, her husband translated. Then a professional translator was brought in. The fourth time was an emergency when Rosa became violent. The interpreter was called to help over the telephone.

All the data on these transcripts was released with the clinic's and the client's permission. The transcripts include, in addition to verbatim representations of the tapings made at each session, descriptions of non-verbal behavior noted by the therapist and included in Rosa's file. A psychiatrist will also come into the story to prescribe medication for Rosa, which of course a therapist cannot do.

FIRST INTERVIEW (on referral from a Spanish-speaking social worker)

Client arrived at 2:40 for a 2:00 appointment.

THERAPIST: There's not much time now but maybe we can at least get a little information and set up another appointment.

NEPHEW: OK, let's get going.

T: Ask her what the problem is. How can we help her here at the clinic?

[Exchange in Spanish]

N: She needs more medicine. She says she's all out of pills.

T: The medication was helping her?

[Exchange in Spanish]

N: Yeah.

Client is tense; has poor eye contact.

T: Ask her what it's like without the medication.

[Exchange in Spanish]

N: She says it's her nerves. She said, ah, "Sometimes they jump out" at her.

T: What does she act like?

N: Well, she's pretty jumpy, yeah. She's angry a lot but I don't know much because I don't live with them.

T: Is it true she hits and scratches her husband?

N: Yeah, I think so.

T: Do you know if she has the prescription for her medication?

N: I don't know. Look, I gotta go pick up my kids and get to work.

T: We've got to get more information so the doctor will know what to prescribe. Can you come back Saturday morning?

N: Yeah, sure.

In this excerpt, we see the therapist shift from telling the nephew to ask the client to merely interviewing the nephew. Furthermore, it's clear that the data this nephew is giving may be unreliable; the nephew admits that himself. But the therapist accepts it because there is no alternative. The therapist also displays his lack of cultural awareness when he notes that lack of eye contact is a sign of undesireable psychological state.

Saturday morning came and so did Rosa, bringing two small children. But the nephew never showed up. No one could speak to Rosa. She left. Her husband brought her back and rescheduled the appointment.

SECOND INTERVIEW (using husband as interpreter)

THERAPIST: Ask her what the problem is.

When husband turns toward her, she turns away. She does not make eye contact with either the therapist or the husband. Husband repeats question several times before getting answer.

HUSBAND: She say feel angry and no can sleep. She need medicine for to sleep. Then be O.K.

T: Do you know what kind of medicine she had been taking?

H: No take before. No medicine. No.

T: What is the problem? Ask her.

Tries to get wife engaged. She is agitated but finally says a few words.

H: (Obviously very uncomfortable) She say she hear her mother calling her, "Come to home."

T: Would you ask her if that's what she wants to tell me?

[Exchange in Spanish of several sentences]

H: Yeah.

T: What does she act like at home?

H: Sometimes she very angry. Real mad. I no can tell why. You a doctor?

T: No.

H: You tell doctor give medicine her, be OK.

This husband is obviously part of the problem. She cannot talk freely about him in any language if he is there. He is certainly not going to tell the therapist that he is the problem. The therapist does seem to pick up that this man is not giving the whole story because he asks the husband to ask the wife if his translation is really what she wants to say. The therapist doesn't object, however, when the husband's "translation" of several sentences is the single syllable, "Yeah." What is more, the therapist followed the husband's advice and scheduled an appointment for Rosa to see the psychiatrist.

The doctor is satisfied with the husband as a translator. He prescribes something for Rosa's sleeplessness.

THIRD INTERVIEW (at the therapist's insistence, a professional translator is hired for the session. The interpreter tells the therapist and client to speak directly to each other using the second person)

THERAPIST: Hello, Rosa. I'm glad to be talking with you. We'll just take a look at this paper the social worker gave me. Are these your children's names: Concepcion, Jose and Carlos?

ROSA: I have either children.

T: You have eight children?

R: They took them away. They're in homes. (cries)

T: Do you mean you have five children in a home? Is it a mental health care facility?

R: No! Homes! They are in homes. Homes. You know homes? With families. (cries)

T: It's painful to think about the children who are not with you.

R: They stole my baby.

T: Rosa, what is the problem now? How can I help you?

R: I hear voices telling me that I should go, that I should never come back. I am a little afraid of the voices but I want to obey them.

T: Is there anything else you are afraid of? Things

R: Things come into the house, big things, sometimes the devil. I want to escape, I am in a trap, a big cage. I don't have any peace.

T: Are you on any medication now, Rosa?

R: No. No, because I hit him and fell on top of him and I scratched him with my fingernails. I scratched him deep on his arm, like this. Alfredo. I pulled his hair.

T: Alfredo is your husband, isn't that right?

R: (No response)

T: You feel angry toward Alfredo.

R: He doesn't pay any attention to me. He drinks and smokes and brings other men into the house who drink and smoke. They always bring a big black cat with them but they say they don't have a cat. But I hear its footsteps. It comes in the house and I can't sleep.

T: Rosa, can you tell me what day today is?

R: (shrugs) I don't know.

T: What city are you in right now?

R: No, I don't know.

The therapist seems much more like a real psychologist now. He

has more human contact with Rosa, who is more free to express herself. The therapist can make observations on Rosa's condition. He was able to see that her mental state was much more serious than merely having insomnia: she does not have a basic orientation to time and place. With her friends or family interpreting for her, this fact was unlikely to appear.

FOURTH INTERVIEW (crisis, interpretation handled by telephone)

The patient was brought in today and was extremely agitated and upset with her husband. She attacked him physically, scratching and striking him very hard several times without apparent provocation. She picked up small objects to throw at him when restrained from coming close to him.

[No official record was made of the following verbal exchange. The account is from the memory of the interpreter]

The therapist called the interpreter at home, saying that the client was shouting things and trying to make herself understood. The therapist asked the interpreter to speak to Rosa on the telephone.

Rosa has very few front teeth, so the process of understanding over the telephone was more difficult than in a face-to-face encounter where visual clues make an utterance easier to understand.

INTERPRETER: What is the matter, Rosa?

ROSA: My husband is a demon. I'm going to kill him.

THERAPIST, coming on the telephone: What did she say?

I: That her husband is a demon and that she's going to kill him.

T: Ask her if whe wants to go into the hospital.

I: Do you want to go to the hospital, Rosa?

R: Yes, I want them to put me in the hospital before I kill him. The hospital is the only place where I have any peace. I Absolutely refuse to go home.

The client also refused to get into a car with the husband to go to the hospital, so a sister-in-law was called. She took about thirty minutes to arrive, during which time Rosa darted up to her husband and hit him or threw something at him whenever she was not restrained. At one point she became so violent that the interpreter was calle again, but there was no answer.

While Rosa was in the hospital, a Spanish-speaking psychiatrist was added to the staff. He quickly discovered that Rosa's current medication was prescribed on the basis of a diagnosis of "Sleeplessness and agitation." The non-Spanish-speaking doctor knew nothing of Rosa's violence or disorientation, because he had depended on the husband for translation. The new doctor changed her prescription immediately.

After three weeks in the hospital, Rosa continued seeing the Hispanic psychiatrist regularly. To conclude, brief excerpts are added below of her last three interviews, summary reports by the Spanish-speaking psychiatrist.

INTERVIEW

Rosa comes to the office today and her husband states that last week Monday, she experienced a psychotic episode due to failing to take for two days the medication. She became very agressive and agitated. Some of her relatives took her to the hospital where she spent that night and was released the following day.

Today she seems calm and less anxious than other times and she expresses her desires not to be hospitalized any more.

INTERVIEW

Rosa comes today obviously improved from the last time I saw her. She looks more relaxed and in her interaction with her husband, there is no evidence of the agressiveness and combativeness that was characteristic of her. She says she's sleeping a little bit better, but not as much as she would like to. She's able to sit down without moving for at least ten minutes, and she doesn't seem as suspicious and guarded as in previous sessions.

INTERVIEW

Rosa comes tonight exhibiting signs of psychomotor agitation, but less pronounced than in previous visits. She states she's sleeping better and she is occasionally taking care of the house and children.

Rosa's major problem seemed to have been missing her proper medication. Information coming from her nephew and her husband was unreliable for different reasons. The session with the interpreter was better, but not having a bilingual on the staff made the whole experience more traumatic and time-consuming than was necessary. When a bilingual professional was hired, the immediate problem was solved. Now if there are problems in the marital relationship, they can be addressed without interference from Rosa's agitation and disorientation.